

VERSION-2 PUBLIC HEALTH EMERGENCY DECLARATION PLAYBOOK



SELECTED SOURCE OF LEGAL AUTHORITY

- ✚ Emergency or disaster declaration: Emergency powers of governor; termination; authorization for adjutant general; limitation.
- ✚ Public health authority during state of emergency or state of war when there is an imminent threat of an illness or health condition caused by bioterrorism, an epidemic, or pandemic disease. (Medical Licensing Waiver: § 36-787 A-(6) (7))
- ✚ Unique public health emergency declaration.
- ✚ Contact investigation: a) Enhanced Surveillance Advisory, and b) Patient tracking during enhanced surveillance advisory.
- ✚ Mandatory examination and testing of people (Public health authority during state of emergency or state of war emergency).
- ✚ Mandatory treatment and vaccination of people (Public health authority during state of emergency or state of war emergency).
- ✚ Isolation and quarantine: a) Isolation and quarantine during a state of emergency or state of war emergency (§ 36-788); b) Due process for isolation and quarantine during a state of emergency or state of war emergency (§ 36-789.).
- ✚ Control and use non-governmental personnel for response actions.
- ✚ Liability protections for disaster responders.
- ✚ Commandeer and use of facilities and supplies.

STATE CODE OR LOCAL ORDINANCE

<https://www.azleg.gov/ars/26/00303.htm>

<https://www.azleg.gov/ars/36/00787.htm>

<https://www.azleg.gov/ars/36/00782.htm>

a) <https://www.azleg.gov/ars/36/00782.htm>

b) <https://www.azleg.gov/ars/36/00784.htm>

<https://www.azleg.gov/ars/36/00787.htm>

<https://www.azleg.gov/ars/36/00787.htm>

a) <https://www.azleg.gov/ars/36/00788.htm>

b) <https://www.azleg.gov/ars/36/00789.htm>

<https://www.azleg.gov/ars/26/00301.htm> (§ 26-301. Definitions)

<https://www.azleg.gov/ars/26/00310.htm> (§ 26-310. Use of professional skills)

http://apps.azsos.gov/public_services/Title_08/8-02.pdf

(R8-2-702: Registration; R8-2-703: Required Registration Information; R8-2-704: Registration Denial or Revocation; Denied Compensation)

<https://law.justia.com/codes/arizona/2016/title-26/section-26-314/>

(§ 26-314. Immunity of state, political subdivisions and officers, agents, employees and emergency workers; limitation; rules; definitions);

<https://www.azleg.gov/ars/36/00790.htm> (§ 36-790. Privileges and immunities)

<https://www.azleg.gov/ars/26/00303.htm> (§ 26-303. Emergency powers of governor; termination; authorization for adjutant general; limitation)

THE MOST COMPREHENSIVE OF ALL ADMINISTRATIVE PREPAREDNESS AUTHORITIES IS THE AUTHORITY TO DECLARE AN EMERGENCY, DISASTER, OR PUBLIC HEALTH EMERGENCY.

ARIZONA EMERGENCY DECLARATIONS



STATE DISASTER DECLARATION: 188

STATE PUBLIC HEALTH DECLARATION: 1

- Opioid Overdose Epidemic-Enhanced Surveillance Advisory June 5th 2017
https://azgovernor.gov/sites/default/files/related-docs/opioid_declaration.pdf

TYPES OF DECLARATIONS

FEDERAL DECLARATION

The Stafford Act enables the President to declare a “major disaster or emergency” allowing federal assistance when a response overwhelms the capacity of state and local governments.

STATE DECLARATION

Disaster or emergency declaration authorities also exist at the state level. Such declarations are typically proclaimed by the governor

LOCAL DECLARATION

Disaster or emergency declaration authority may be held by the city council, board of supervisors, mayor, health official, or other entities named by local statute or regulation.

<https://www.astho.org/Programs/Preparedness/Public-Health-Emergency-Law/Emergency-Authority-and-Immunity-Toolkit/Emergency-Declarations-and-Authorities-Fact-Sheet/>

➤ **PUBLIC HEALTH EMERGENCY DECLARATION STATUTORY AUTHORITIES:**



35 STATES

➤ **DISASTER DECLARATION STATUTORY AUTHORITIES:**



50 STATES + DISTRICT OF COLUMBIA

https://www.networkforphl.org/_asset/gxrdwm/Emergency-Declaration-Authorities.pdf

THE EMERGENCY DECLARATION PROCESS IS MULTILAYERED IN ARIZONA
EMERGENCY DECLARATIONS ARE USUALLY PROCLAIMED BY THE GOVERNOR

AN EMERGENCY DECLARATION CAN BE MADE AT THE LOCAL OR STATE LEVEL
LOCALLY DECLARED EMERGENCIES MAY REQUIRE APPROVAL BY A LOCAL LEGISLATIVE BODY, STATE EXECUTIVE OFFICERS, AND/OR THE STATE LEGISLATURE¹

¹ Arizona is a ‘Home Rule’ state. Roughly 17,000 local governments operate within Arizona’s borders. These include counties, tribes, municipalities (cities and towns), and districts. Some local governments enjoy greater autonomy through home rule and have power to make a public health emergency declaration at the local level.
Public Health Emergency Declaration Playbook (REVISED DECEMBER, 2019)

DISASTER EMERGENCY VS. PUBLIC HEALTH EMERGENCY

DISASTER-EMERGENCY

A disaster is a sudden, catastrophic event that seriously disrupts the functioning of a community or society and causes human, material, and economic or environmental losses that exceed the community's or society's ability to cope using its own resources.

PUBLIC HEALTH EMERGENCY (PHE)

A public health emergency (the condition that requires a governor to declare a state of PHE) is defined as "an occurrence or imminent threat of an illness or health condition, caused by bioterrorism, epidemic or pandemic disease, or (a) novel and highly fatal infectious agent or biological toxin".

MOST COMMON DISASTERS TYPES

PUBLIC HEALTH EMERGENCY THREATS

DISASTER TYPES

EARTHQUAKES

TORNADOES
AND SEVERE
STORMS

WILDFIRES

DROUGHT

HURRICANES
AND TROPICAL
STORMS

FLOODS

EPIDEMIC/
PANDEMIC

PHE THREATS

FATAL
INFECTIOUS
AGENT

BIOLOGICAL
TOXINS

BIOTERRORISM

STANDARD DECLARATION VS. PUBLIC HEALTH DECLARATION

STANDARD DISASTER DECLARATION

A governor (or a mayor) may declare a *state of emergency* within his or her jurisdiction when he/she believes a disaster has occurred or may be imminent that is severe enough to require State aid to supplement local resources in preventing or alleviating damages, loss, hardship or suffering.

There are *two types of disaster declarations* provided for in the Stafford Act: emergency declarations and major disaster declarations. Both declaration types authorize the *President* to provide supplemental federal disaster assistance.

All requests for a declaration by the President that a major disaster exists shall be made by the Governor of the affected State.

<https://www.fema.gov/disaster-declaration-process>

The Stafford Act created the system in place today by which a presidential disaster declaration or an emergency declaration triggers financial and physical assistance through the Federal Emergency Management Agency (FEMA).

STATE DECLARATION

PUBLIC HEALTH EMERGENCY DECLARATION

A governor may declare a state of *public health emergency* within his or her jurisdiction when he/she believe of an occurrence or imminent threat of an illness or health condition, caused by bioterrorism, epidemic/pandemic disease, or highly fatal infectious agent.

Under section 319 of the Public Health Service (PHS) Act, the *Secretary of the Department of Health and Human Services* can declare a Public Health Emergency (PHE) if he/she determines, after consulting with such public health officials as may be necessary, that:

- ❖ A disease or disorder presents a PHE, OR
- ❖ A PHE, including significant outbreaks of infectious diseases or bioterrorist attacks, otherwise exists.

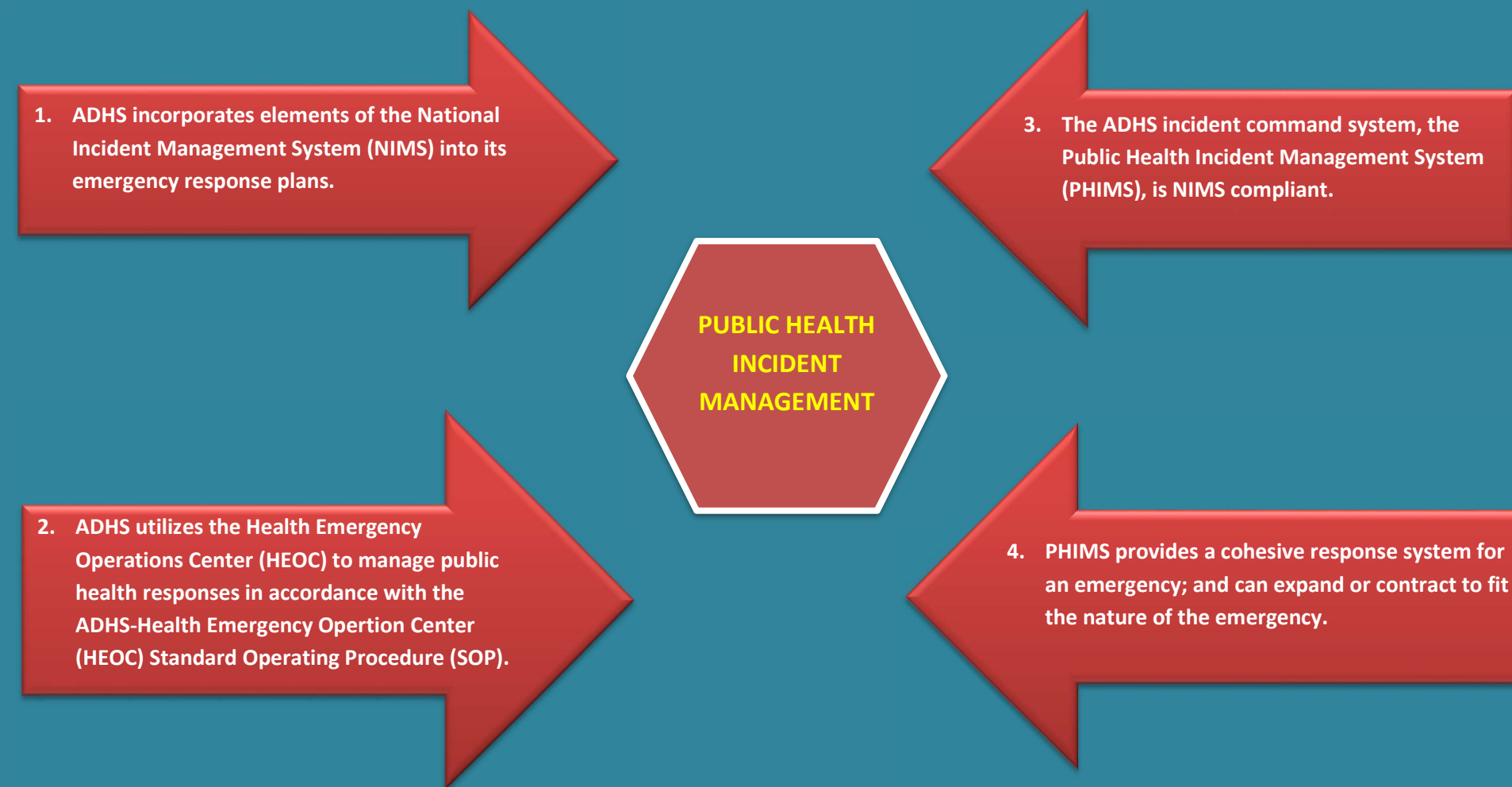
<https://www.phe.gov/Preparedness/legal/Pages/phe-qa.aspx>

The declaration would be routed through our REC to the HHS secretary. In the United States, a public health emergency declaration *releases resources* meant to handle an actual or potential public health crisis.

FEDERAL DECLARATION

Federal law provides the president and other federal officials with authority to declare emergencies under specified conditions. Some of these federal authorities relevant to the public health context include: **President**—[Stafford Act](#) and the [National Emergencies Act](#); **HHS Secretary**—[Public Health Service Act Section 319](#) and [Social Security Act Section 1135](#).

INCIDENT MANAGEMENT SYSTEM FOR PUBLIC HEALTH



PUBLIC HEALTH EMERGENCY RESPONSE

ROLES AND RESPONSIBILITIES



PUBLIC HEALTH EMERGENCY DECLARATION-CRITERIA

Making a determination that a public health emergency (PHE) exists



If the Director determines that a public health emergency exists, he/she authorizes investigation of the cause, treatment, or prevention of the disease or disorder underlying the public health emergency.

What is a **PHE**?

A PHE is an occurrence or imminent threat of an illness or health condition, caused by bioterrorism, epidemic, pandemic, or a highly fatal infectious agent or biological toxin.

Once the determination of PHE is made, the Department of Health Services Director works with sister government agencies to submit a joint letter to the State Governor requesting PHE Declaration by the State.

If the Governor declares a PHE, additional funding for advanced surveillance and intervention activities may become available.

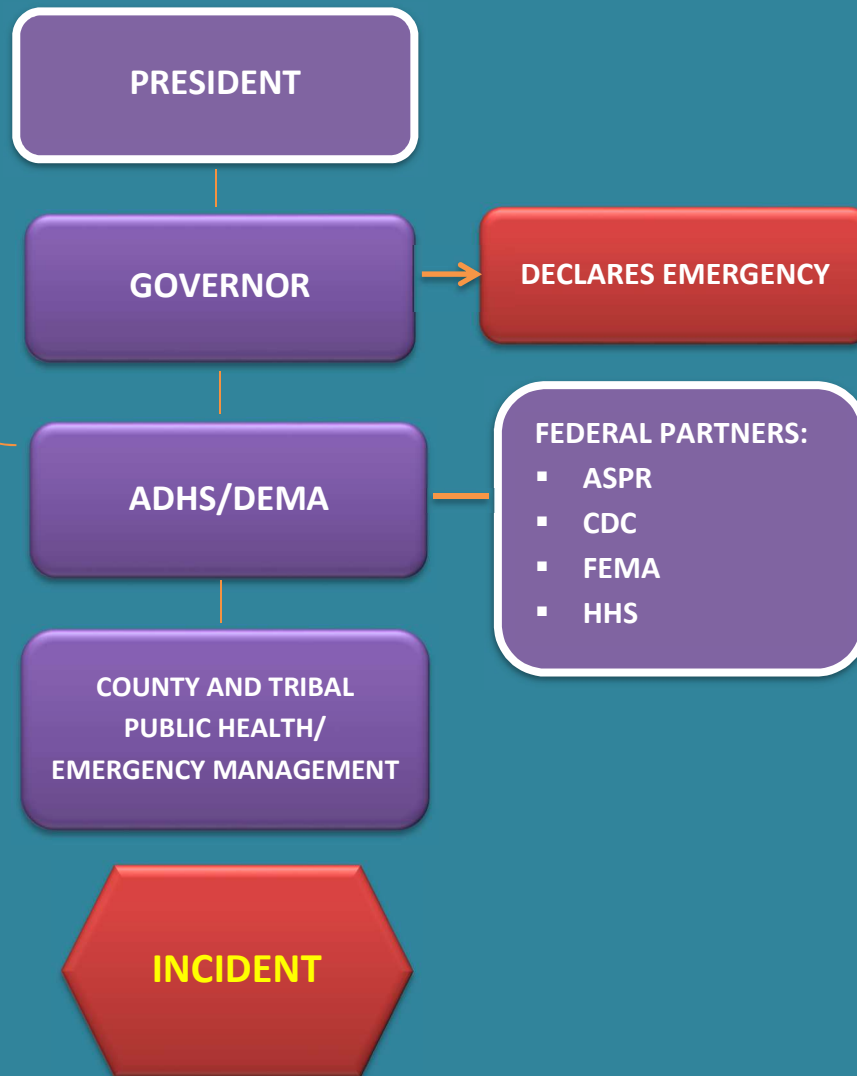
ARIZONA'S EMERGENCY COLLABORATION SYSTEM

ADHS ACTIVATES HEOC

- Maintain common operating picture.
- Manage consequences caused by the incident (resource coordination, evacuation).
- Provide support and coordination.

This flowchart depicts the process utilized for all emergency events, regardless of size and scope. All events begin and end at the local level. This collaborative system is built and sustained through daily engagement, strong partnership, and mutually beneficial relationships. In the event of a disaster or PH emergency, this collaborative system coordinates with Health Care Coalitions, emergency management and first responders to:

- Communicate timely, accurate, and actionable public information.
- Provide the environment to make decisions that reduce the impact of disasters and emergencies on people, property and the environment.
- Manage survivors' expectations of the scope and availability of state and federal assistance programs.



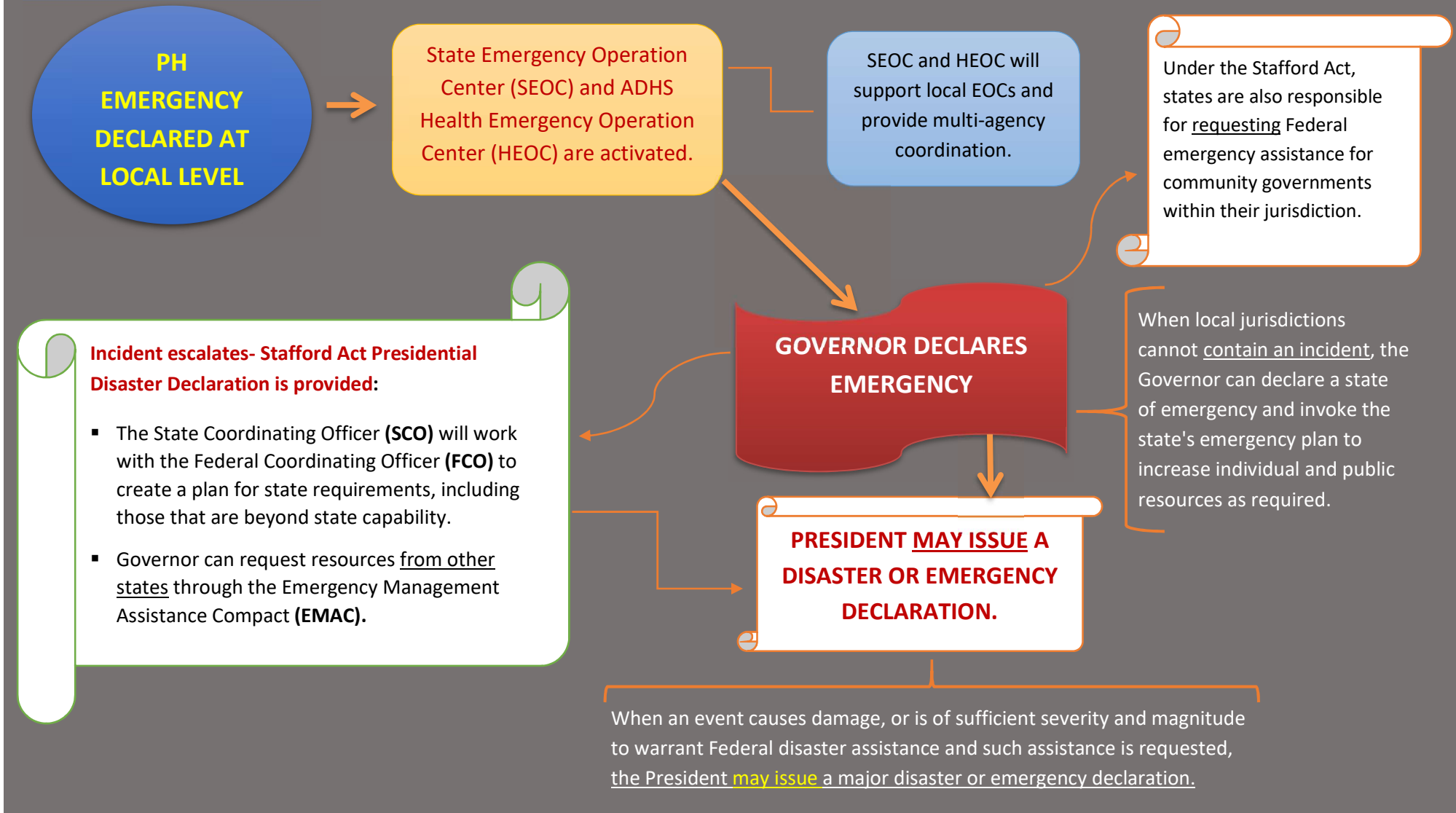
PUBLIC HEALTH EMERGENCY (PHE) DECLARATION PROCESS

STATE LEVEL

ARIZONA'S PHE-DECLARATION
IS MULTILAYERED PROCESS

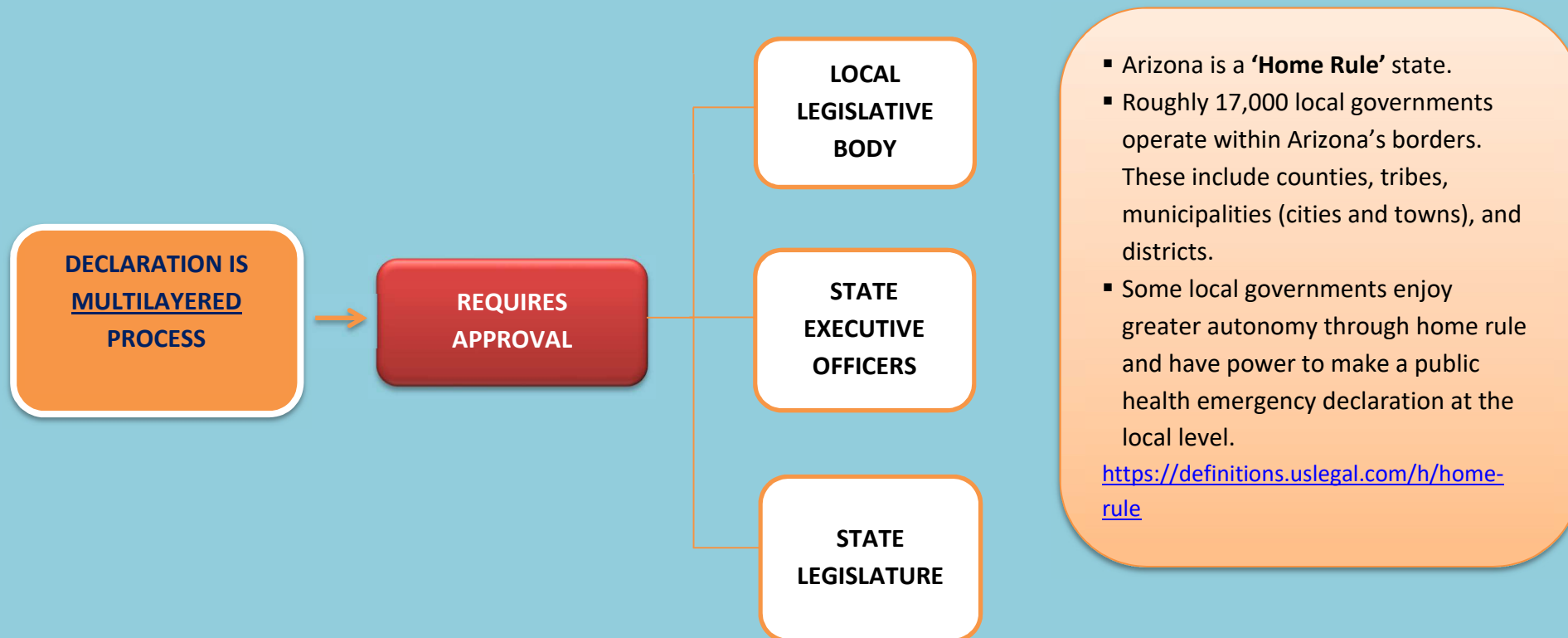


Escalating the Local Public Health Emergency (PHE) Declaration to Federal Emergency Declaration-PROCESS



EMERGENCY DECLARATION PROCESS

LOCAL LEVEL



EMERGENCY DECLARATION PROCESS-STATE LEVEL

EMERGENCY DECLARATION

DECLARATION OF OPIOID EMERGENCY

And NOTIFICATION OF ENHANCED SURVEILLANCE ADVISORY

Opioid Overdose Epidemic

WHEREAS, the Arizona Department of Health Services has confirmed 790 deaths due to opioids in Arizona in 2016, which equates to an average of more than two Arizonans per day; and

WHEREAS, the Arizona Department of Health Services has confirmed that the number of opioid deaths has increased 74% from 2012-2016, with 2016 showing Arizona's highest number of deaths; and

WHEREAS, opioids are powerful pain killers that are highly addictive; and

WHEREAS, of the 1,497 drug overdose deaths in 2016, 52.7% noted opioids as primary cause of death; and

WHEREAS, these deaths as a result of overdose are preventable; and

WHEREAS, the opioid overdose epidemic affects all Arizonans; and

WHEREAS, in Arizona, law enforcement and first responders have the authority to carry and administer the lifesaving drug Naloxone; and

WHEREAS, the Arizona Department of Health Services requires more robust and more accurate data to successfully combat the opioid overdose epidemic; and

WHEREAS, the Governor and the Director of the Arizona Department of Health Services have reasonable cause to believe that the disease, illness, and the health conditions, including deaths, are being caused by opioid overdose epidemic; and

WHEREAS, it is necessary and appropriate to take action to ensure that the residents of Arizona remain safe and healthy; and

WHEREAS, the Governor is authorized to declare an emergency pursuant to A.R.S. § 26-303(D)

NOW, THEREFORE, I, Douglas A. Ducey, Governor of the State of Arizona, by virtue of the authority vested in me by Constitutions and Laws of the State, do hereby determine that the opioid overdose epidemic present in Arizona justifies a declaration of a State of Emergency and issuance of an Enhanced Surveillance Advisory, pursuant to A.R.S. §26-303(D), 36-787, and I do hereby:

- a. Declare that a State of Emergency exists in Arizona due to the Opioid Overdose Epidemic, effective June 5, 2017; and
- b. Direct that the State of Arizona Emergency Response and Recovery plan be used to direct and control State and other assets, and authorize the Director of the Arizona Department of Emergency and Military Affairs to coordinate State assets; and

- c. Authorize the Director of the Arizona Department of Health Services to coordinate all matters pertaining to public health emergency response of the State in accordance with A.R.S. § 36-787(A)(2); and
- d. Require the Director of the Arizona Department of Health Services to:
 - 1) Within seven days of this order, provide consultation to the Governor on identifying and recommending the necessary elements for an Enhanced Surveillance Advisory pursuant to A.R.S. § 36-787(B); and
 - 2) Initiate emergency rule making with Arizona Attorney General's Office in order to develop rules for opioid prescribing and treatment within health care institutions pursuant to A.R.S. § 36-405; and
 - 3) Develop guidelines to educate healthcare providers on responsible prescribing practices; and
 - 4) Develop and provide training to local law enforcement agencies on proper protocols for carrying, handling, and administering Naloxone in overdose situations; and
 - 5) Provide a report on findings and recommendations, including additional needs and response activities, and preliminary recommendations that require legislative action to the Governor by September 5, 2017.

This Emergency Declaration will be eligible for termination upon my receipt and acceptance of the Arizona Department of Health Services' Opioid Overdose Epidemic Response Report.

IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Arizona.



Douglas A. Ducey
GOVERNOR

DONE, at the Capital in Phoenix on this 5th day of June in the Year Two Thousand Seventeen and of the Independence of the United States of America, the Two Hundred and Forty First.

ATTEST:

Michelle Reagan
Secretary of State

EMERGENCY DECLARATION PROCESS-STATE LEVEL

ADHS ADMINISTRATIVE ORDER

ARIZONA DEPARTMENT OF HEALTH SERVICES

ADMINISTRATIVE ORDER

PUBLIC HEALTH EMERGENCY DECLARATION

(SAMPLE-EMERGENCY MEASURE FOR INHALATION ANTHRAX)

WHEREAS, the Director of the Department of Health Services, pursuant to the Declaration of Emergency, issued by the Governor of Arizona on the DATE _____, and as authorized by *A.R.S §36-787, (A) (7)* may waive the statutes and rules governing health institution licensing in *A.R.S. Title 36, Chapter 4 and A.A.C. Title 9, Chapter 10* as necessary for the implementation of any measure required to adequately address the state of emergency.

NOW, THEREFORE, I, Director, by virtue of authority vested in me as the Director of the Arizona Department of Health Services, and in order to address the state of emergency, do hereby state:

1. If a health care institution, as defined in A.R.S. § 36-401, needs temporarily use space for patients or residents with suspected exposure to inhalation Anthrax, the requirements in A.A.C. Title 9, Chapter 10 are waived for space being used to provide services to patients or residents with suspected exposure to inhalation Anthrax.
2. This Order shall be in effect for _____ from the date of signature, unless renewed prior to that date.

I have executed this Order on this day

_____, 2019

Having authority to do so under Arizona Law

Director, Arizona Department of Health Services

ON this DATE _____, 2019

Director, Arizona Department of Health Services

Signed and acknowledged this document in my presence

Notary Public

EXAMPLE-1 (1135 WAIVERS) REQUIRING PRESIDENTIAL EMERGENCY DECLARATION

BACKGROUND

Under section 1135 of the Social Security Act (SSA), the HHS Secretary may waive or modify certain requirements as necessary to ensure to the maximum extent feasible that, in an emergency area during an emergency period, sufficient health care items and services are available to meet the needs of individuals enrolled in SSA programs (including Medicare, Medicaid, and SCHIP) and that providers of such services in good faith who are unable to comply with certain statutory requirements are reimbursed and exempted from sanctions for noncompliance, absent fraud or abuse. There must also be a Presidential declaration of an emergency or disaster in order to

HOW IS IT ACTIVATED?

- When the President declares a disaster or emergency under the Stafford Act or National Emergencies Act and the HHS Secretary declares a public health emergency under Section 319 of the Public Health Service Act, the Secretary is authorized to waive certain requirements for health care providers.
- 1135 waivers can only be granted in a Federally-identified disaster area.

WHAT DOES 1135 WAIVER DO?

The following requirements may be waived or modified:

- Certain conditions of participation certification requirements, program participation or similar requirements for individual health care providers or types of health care providers.
- Pre-approval requirements.
- Requirements that physicians and other health care professionals hold licenses in the State in which they provide services if they have a license from another State (and are not affirmatively barred from practice in that State or any State in the emergency area) for purposes of Medicare, Medicaid, and CHIP reimbursement only.
- Sanctions under the Emergency Medical Treatment and Active Labor Act (EMTALA) for redirection or reallocation of an individual to another location to receive a medical screening pursuant to an appropriate state emergency preparedness plan or a state preparedness plan for the transfer of an individual who has not been stabilized if the transfer is necessitated by the circumstances of the declared Federal public health emergency (a waiver of EMTALA sanctions is effective only if actions under the waiver do not discriminate on the basis of a patient's source of payment or ability to pay).
- Sanctions under section 1877(g) (Stark) relating to limitations on physician referral under such conditions and in such circumstances as the Centers for Medicare & Medicaid Services (CMS) determines appropriate.
- Deadlines and time tables for performance of required activities to allow timing of such deadlines to be modified.
- Limitations on payments for healthcare items and services to permit Medicare Advantage Plan enrollees to use out-of-network providers in an emergency situation. To the extent possible, the Secretary must reconcile payments so that enrollees do not pay additional charges and so that the plan pays for services included in the capitation payment.
- Sanctions and penalties arising from noncompliance with HIPAA privacy regulations relating to: a) obtaining a patient's agreement to speak with family members or friends or honoring a patient's request to opt out of the facility directory, b) distributing a notice of privacy practices, or c) the patient's right to request privacy restrictions or confidential communications. The waiver of HIPAA requirements is effective only if actions under the waiver do not discriminate on the basis of a patient's source of payment or ability to pay.

EXAMPLE-2: EMERGENCY PRESCRIPTION ASSISTANCE AND MEDICAL EQUIPMENT REPLACEMENT PROGRAM (EPAP) REQUIRING PRESIDENTIAL EMERGENCY DECLARATION

What is EPAP?

BACKGROUND

The purpose of EPAP is to provide pharmaceutical supplies, limited durable medical equipment (DME), and personnel during emergency response operations. As directed by and in coordination with the Federal Emergency Management Agency (FEMA), the U.S. Department of Health and Human Services (HHS) will activate a federally qualified contractor to administer a national network of pharmacies and sufficient personnel to address emergency response requirements through EPAP.

HOW IS IT ACTIVATED?

- EPAP can only be used in a Federally-identified disaster area.
- FEMA, or its designee, will identify evacuee populations who may be eligible for EPAP prescription and DME assistance.
- EPAP provides “essential assistance” to support State and local jurisdictions as defined in Section 403 of the Stafford Act, 42 USC 5170b.

HOW DOES IT WORK?

- EPAP helps people affected by a disaster who do not have health insurance.
- EPAP only covers items prescribed by a licensed healthcare provider.
- Eligible people can receive a free 30-day supply of their medications when EPAP is activated.
- Prescriptions can be renewed under EPAP for free every 30 days for as long as EPAP is active.
- People can also use the program to receive vaccinations or to replace certain medical supplies or some forms of medical equipment that were lost or damaged because of the emergency or while evacuating.
- HHS/FEMA would incur no costs for prescription drugs or DME until after the product is dispensed by a participating pharmacy to an eligible individual.
- The State incurs a 25% cost share – State signature is required for EPAP activation.
- Product inventory dispensed through the EPAP will flow through the normal supply chain distribution, so neither FEMA nor its shelter operations will be responsible for physical possession, storage, or distribution of product inventory.

EXAMPLE-3: FEDERAL MEDICAL STATION (FMS) REQUIRING PRESIDENTIAL EMERGENCY DECLARATION

BACKGROUND

- A FMS consists of equipment and supplies to operate a temporary medical facility for 50 to 250 patients within an appropriate “building of opportunity.”
- Supplies are adequate for three days of clinical care before resupply is required.
- FMSs provide surge clinical bed capacity to meet patients’ needs for low acuity or chronic medical and nursing care, and behavioral health care.
- FMSs require significant logistical wrap around services, as well as proper staffing (local, state, or federal) to support disaster-impacted health systems.
- Often, an FMS supports a health system by temporarily meeting the needs of patients displaced from their usual local or home health care options and those evacuated from skilled nursing facilities.
- Before an FMS is shipped to the requestor, the “building of opportunity” and facility point of contact must have been identified, and the facility assessed for suitability (based on building space and layout, accessibility, utilities, hygiene facilities, safety, potable hot and cold water, and other attributes).
- The logistical wrap around services must also have been planned and coordinated. These include, but are not limited to security, material handling equipment, housekeeping and hazardous waste removal, patient feeding, laundry services, medical oxygen, availability of EMS, and mortuary support.
- The State will work with local emergency management on site location if not previously approved.

HOW IS IT ACTIVATED?

- The decision to deploy an FMS occurs after the depletion of local health system capability during a large-scale public health emergency or other disaster.
- Local public health, emergency management, ADHS, HHS, and other experts evaluate the situation and determine the need for additional sub-acute care within the disaster area.
- If required, the Governor requests the FMS through the HHS Regional Emergency Coordinator (REC).
- The State incurs a 25% cost share— State signature is required for FMS activation.
- Federal, State and local Public Health/ Emergency Management will have joint discussion about potential location of FMS, based on specific selection criteria.
- Once an FMS request has been approved, equipment and supplies will be delivered within 24-48 hours. A typical set up normally takes up to 24 hours.

HOW DOES IT WORK?

- A 50-bed FMS is shipped in one 53’ tractor trailer and one refrigerated box truck; it requires about 15,000 square feet of climate controlled space.
- A 250-bed FMS is shipped in four 53’ tractor trailers and one refrigerated box truck; it requires about 40,000 square feet of climate controlled space.
- Number of beds requested is flexible based on identified needs.
- Each FMS comes with a three-day supply of medical and pharmaceutical resources.
- Material arrive packed in durable tri-wall shipping containers that must be unloaded, moved into the facility, unpacked and set up.
- Staffing for an FMS can be provided using displaced local, regional or EMAC providers, or can be provided by the federal government. Primary federal staff is Officers of the U.S. Public Health Service Commissioned Corps.

EXAMPLE-4: NATIONAL AMBULANCE CONTRACT REQUIRING PRESIDENTIAL EMERGENCY DECLARATION

BACKGROUND

- The purpose of the Federal National Ambulance and Para-transit Support Services contract is to provide a full array of licensed ground and air ambulance services and para-transit services that may be ordered as needed to supplement the Federal and Military response to a disaster, act of terrorism, or other public health emergency.

HOW DOES IT WORK?

- **The role of EMS during a disaster may include:**
 - Patient triage, treatment, and transport.
 - Symptom surveillance and reporting.
 - On-scene medical standby.
 - Redistribution of patients to free up hospital beds.
 - Distributing immunizations and administering vaccine.
 - Staffing shelters.
 - Staffing emergency departments.
 - Setting up mobile medical units.
- **Ambulance contract assets include:**
 - 300 Ground Ambulances typically with 60% ALS and 40% basic life support BLS units.
 - 25 air ambulances including helicopter and/or fixed wing.
 - Para-transit (e.g. wheel chair accessible vehicles) capability for up to 3,500 individuals, not 3,500 vehicles.

HOW IS IT ACTIVATED?

- State/locals identify numbers needing specific type of support during planning- advanced life support ALS, basic life support (BLS), and para-transit.
- State incorporates EMAC assets in planning.
- The State has to demonstrate that no EMAC assets are available.
- State works with ASPR Region IX Regional Emergency Coordinator (REC) to process the federal request.
- Standard FEMA Action Request Form (ARF) process applies.
- State determines need and requirements.
- ARF is crafted and signed by DEMA.
- ARF is forwarded to FEMA for action.
- FEMA will consult with HHS to validate request prior to activation of contract.
- The State incurs a 25% cost share- FEMA will not process without State signature.
- HHS prepares list of detailed requirements based on the capabilities and numbers requested and forwards to FEMA Operations/Logistics and ESF #8 in the National Response Coordination Center (NRCC).
- FEMA will forward approved request to the contracting officer.
- Contracting officer executes Task Order.

EXAMPLE-5: STRATEGIC NATIONAL STOCKPILE (SNS) REQUIRING PRESIDENTIAL EMERGENCY DECLARATION



What is SNS?

BACKGROUND

The SNS is the nation's largest supply of potentially life-saving pharmaceuticals and medical supplies for use in a public health emergency severe enough to cause local supplies to run out. The stockpile ensures the right medicines and supplies are available when and where needed to save lives. When state, local, tribal, and territorial responders request federal assistance to support their response efforts, the stockpile ensures that medicine and supplies get to those who need them most during an emergency. Organized for scalable response to a variety of public health threats, the repository contains enough supplies to respond to multiple large-scale emergencies, simultaneously.

ADHS maintains a SNS Plan and a full time SNS coordinator position.

HOW IS IT ACTIVATED?

- The decision to deploy SNS assets occurs after the depletion of local assets during a large-scale public health emergency or other disaster.
- Local public health, emergency management, ADHS, HHS, and other experts collaborate with local jurisdictions, evaluate the situation, and determine a prompt course of action.
- If required, the Governor requests the SNS through the HHS REC.
- After delivery to the State, SNS assets are then distributed to the affected counties/tribes.
- The State does not incur a cost share requirement for SNS assets, however State signature is required.
- Counties will need to provide Essential Element of Information (EEI) and data to support their request for SNS.
- Counties will set up points of dispensing (PODs) to distribute medication/vaccine to the public and/or deliver medical supplies to hospitals and other treatment centers.
- Products from the SNS may require an Emergency Use Authorization (EUA), which is granted by the U.S. Food and Drug Administration (FDA).

HOW DOES IT WORK?

- SNS assets are distributed from the federal stockpile to the State's Receipt Storage and Staging (RSS) site.
- The State's RSS then delivers assets to county RSS sites.
- County RSS sites are used to distribute assets to PODs in local communities.
- The State may retain some assets to operate PODs for state agencies and select populations.
- State and local law enforcement are tasked with providing security for SNS assets during storage and transport.
- SNS assets may include: antibiotics, vaccines, chemical antidotes, antitoxins, life-support medications, IV administration kits, airway maintenance supplies, surgical items, and general protective equipment.

PUBLIC HEALTH EMERGENCY (PHE) PLAYBOOK

SUMMARY

- The PHE Playbook draws attention to the complex and multilayered PHE declaration process in Arizona.
- ADHS recommends streamlining the declaration process to avail additional authorities to carryout emergency response operations effectively.
- Public Health Emergency declaration releases resources meant to handle an actual or potential public health crisis and protect lives.
- Additional funding means supplementing local resources, providing needed services and protecting lives.

DISCLAIMER

- This document was created using official or best practice information taken from multiple organizations that was vetted and assembled by subject matter experts.
- The information contained in this playbook is intended as a planning resource, and will be incorporated into agency standard operating procedures.
- Inclusion of specific references and resources is offered as an acknowledgement of their contribution of material, but does not constitute endorsement or vouch for accuracy or applicability of the referenced documents.

